

DEPARTMENT OF COMMERCE
BUREAU OF CENSUS
FILED SEP 11 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

28124 29
State File No.
Registrar's No. 3

Registration District No. 1158

Primary Registration District No. 5296A

1. PLACE OF DEATH:

(a) County Cole
(b) City or town St. Thomas, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Charles H. Hays
(If not in hospital or institution, write street number or location) U
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community Life _____ (Specify whether)
years, months or days

3. (a) PRINT FULL NAME SARAH GERLING

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female race White 5. Color or 2 divorced Widowed
6. (b) Name of husband or wife Michal Gerling 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 14, 1853
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 1 25 hr. min.

9. Birthplace Cole County, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER { 12. Name Casper Ketzner
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Joseph Schmidt
(b) Address St. Thomas, Mo.
17. (a) Burial (b) Date thereof 8/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Thomas, Mo.

18. (a) Signature of funeral director John L. Frank
(b) Address Jefferson City, Mo.
19. (a) Aug 11th (b) Dr. J. H. Hays
(Date received local registrar) (Registrar's signature)
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2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 026
(c) City or town St. Thomas, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9
year 1941 hour 1:15 PM minute _____ M.
21. I hereby certify that I attended the deceased from year 1939 to
August the 8th 1941 to _____ 19____
that I last saw h or alive on August the 8th 1941
and that death occurred on the date and hour stated above.
Immediate cause of death Chronic diffuse
Nephritis Duration 3 Year

Due to Arterio Sclerosis
Due to Senility

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)
While at work? _____ Means of injury _____
23. Signature Henry C. Perner (M. D. or other) D
Address St. Thomas, Mo. Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ~~by me~~, or by.....

Sylvester Dulli....., Registered Apprentice No. 292
working under my personal supervision.

Signed.....

Licensed Embalmer No. 3655

P. O. Address J. B. No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.